

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; display: inline-block; width: 80%; text-align: center;">097/820 4</div>	FILING DATE <div style="border-bottom: 1px solid black; display: inline-block; width: 80%; text-align: center;">11-22-00</div>				
APPLICANT(S)												
CLAIMS												
AS FILED			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.	
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TOTAL IND.	3											
TOTAL DEP.	18											
TOTAL CLAIMS	21											